

Application for Membership to the Montana Emergency Care Council

1. The commitment for the Montana Emergency Care Council is anticipated to be time for quarterly meetings as well as additional workgroups and focus groups as needed for special issues. Regular participation is critical to the success of this committee. Are you available and willing to make that time commitment? (Travel will be reimbursed at state rates).

2. Please select which organization(s) from the introduction letter you wish to represent and a description of your experience in emergency care. Describe what makes you especially well-qualified to contribute to this committee.

3. How would you keep others in your constituency (for example, EMS services, hospitals, EMTs, law enforcement officers, etc) informed about the work of this group?

4. What interests/motivates you to participate in this group?

5. What do you perceive to be the benefits of participating in this committee?
6. Your signature below indicates your agreement to the time involved with regular commitment to committee meetings, other research and reading and focus groups as appropriate.

Application for Membership to the Montana Emergency Care Council

Name:

Address:

City, State, Zip:

Phone:

Email:

Signature of Applicant

Return by September 21, 2015 to:

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